

January 2014



### Special points of interest:

- **1,511 providers have logged onto Centre-Learn!**
- **200,007 records are saved within SIREN!**
- **The Child Passenger Safety Program now resides at VDH and has created 2 new positions in the EMS office!**
- **PEPP classes are starting in January-more on page 3!**

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# Vermont EMS News

## The Vermont EMS Newsletter is Here!

I'm very glad to present to you this first edition of our new quarterly newsletter. In each edition, we will highlight areas of EMS and public health importance.

The last few years have seen significant changes for Vermont EMS. Some of these include the new scopes of practice model, licensure of personnel, new protocols, the Learning Management System, the NREMT/Mark King Initiative as well as many new faces in the EMS Office.

In addition to the normal licensing, inspection, and investigation operations of the office, in the coming year some of the things we will be working on are:

- Developing volunteer recruitment and retention strategies and resources

- Working with EMS districts to increase the number of initial and continuing education courses that are offered regionally
- Establishing minimum standards for credentialing of EMS providers by their agency
- Offer development training for I/Cs and training officers
- Developing QA systems in SIREN and with medical advisors
- Providing guidance for EMS participation in scene rehab operations
- Revising the Vermont critical care paramedic scope of practice

- Reviewing the new protocols for any necessary updates.
- Coordinating opportunities for EMS involvement in injury prevention

Part of our mission as the Department of Health is to promote safe and healthy communities and people. Please take a couple of minutes to consider how you can personally improve your health in the coming year. Small changes in exercise, eating habits, or substance use, made every day, can lead to a healthier life for you and your family.

I wish you a safe and healthy New Year!

CB

Chris Bell, Director

## Vermont Statewide Protocols—Jess Freire

The Vermont Statewide Emergency Medical Protocols went live on January 1, 2014 for services that have completed the Protocol Education. Protocol Education addresses skills in the Vermont scopes of practice that are not included in the National Scope of Practice Model. ***It is not necessary to have completed a transition course before taking the protocol education modules.***

Non-transitioned providers on an agency that implemented the new protocols (on or after 1/1/2014) will have limitations to their scope of practice. Consult Appendix 3 in the back of the new pro-

ocols to learn more about these limitations.

**All protocol education must be completed by March 31, 2014.** If an agency does not expect to meet the deadline due to members being away for an extended time, their training officer should contact state training coordinator Jess Freire as soon as possible.

The Statewide Protocol Resource Kit has been created as a guide for both EMS providers and EMS agencies and is available on the Vermont EMS website at [www.vermontems.org](http://www.vermontems.org)



Vermont Statewide  
Emergency Medical Services  
Protocols





*"Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed it is the only thing that ever has" -Margaret Mead*



## ePCR Updates—Jenna Protzko

A job well done to all Vermont licensed ambulance agencies for diligently working towards compliance in electronic reporting!

The electronic patient care reports (ePCRs) you enter in SIREN provide us with important information in order to continuously review and improve Vermont EMS, so thank you for your efforts in submitting accurate and timely patient care reports!! Recently, we were also able to monitor carbon monoxide poisoning incidents in SIREN during the ice storm, which greatly assisted in recognizing the public health need for education outreach to homeowners on generator use and safety.

### Active Protocols - SIREN

On January 1, 2014, the Active Protocols side tab in SIREN were updated on the run form to reflect the guidelines for patient care as described in the newly released Vermont EMS Protocols. Active Protocols is an ease of entry tool in SIREN for documenting patient care. A brief guide on how to effectively use the Active Protocols has been sent via email to SIREN Ser-

vice Administrators to share with their crews.

### Field Bridge - SIREN

Field Bridge has been provided to you and your service as a software tool intended to help improve accuracy, timeliness and ease of reporting, as one of the initial stages of the continuum of patient care. We hope you will take advantage of this tool to its full capacity in the field. All SIREN Field Bridge Service Admins should have received a Field Bridge license from ImageTrend. Please contact the EMS Data Manager Jenna Protzko 802-951-0106 if you did not receive one or for additional questions/guidance.

### Hospital Drop Form tab in SIREN

We encourage you to fully complete an electronic report at the time of patient transport, but we understand that certain circumstances do not allow for this. Therefore, as an electronic solution for timely entry of mandated prehospital patient information at the time a patient is delivered to the hospital, a "Hosp Drop Form" tab has been incorporated onto the SIREN

run form. A few tips:

- Printing a "Prehospital Care Report" will print the information entered on the "Hosp Drop Form" tab
- After entering drug allergy information, even if NKDA, remember to press "Save"
- Filling out this tab does not mean you have a completed report. Please remember to fully complete the ePCRs within one business day of the incident occurring

### Spinal Assessment Tab- SIREN

As of January 1, 2014, a Spinal Assessment Tab has been incorporated onto the State Dynamic Run Form. When a spinal assessment is performed, the "Spinal Assess. Tab" must be completed to capture spinal immobilization information. This tab reflects the spinal immobilization criteria set in the new State protocols. Please see your SIREN Service Administrator for more details.

We would like to thank our EMS intern Dylan Hudson for all of his help with building the Active Protocols in SIREN!

## Call of the Wolf—Dr. Wolfson

### CPAP for Undifferentiated Respiratory Distress

The patient looks sick. An AEMT crew responds to find a 76 year old female in acute respiratory distress: retracting, using accessory muscles, speaking < than 5-word sentences, and alert but anxious. "Can't... breath," she exhaled. The closest ED is 30 minutes away, enough time for the patient to decompensate. A Paramedic intercept is considered but not available. Giddy up.

While assessing the patient's vital signs, administering high flow oxygen, and obtaining and transmitting an ECG (No STEMI indicated by computer auto-read), the crew obtains a PMH significant for coronary artery disease, congestive heart failure, hypertension, and COPD. The patient reports 3 days of worsening shortness of

breath with even minimal exertion, low grade subjective fever and non-productive cough. Exam reveals a pulse of 107, RR 27, BP 160/95, O2 Sat 84%, wheezes or crackles in the lower lung fields and mild lower extremity edema.

The crew considers CHF, COPD and pneumonia but ultimately recognizes that this patient has undifferentiated respiratory distress and meets the inclusion criteria for the application of CPAP: Moderate to severe respiratory distress concurrent with O2 sat < 94%, RR > 25 and retractions or accessory muscle use without contraindications such as absence of gag reflex, altered mental status, trauma or hypotension. CPAP is applied and the patient quickly improves. Medical Control is contacted and an order is given to administer nitroglycerin 0.4 mg SL x 3 every 5 minutes

while SBP is > 100 and symptoms persist for suspected CHF. Symptoms continue to improve enroute to the ED where after additional testing the patient is diagnosed with a CHF exacerbation and admitted.

Continuous Positive Airway Pressure (CPAP) has become a valuable tool in treating pre-hospital respiratory emergencies. CPAP reduces the work of breathing, improves pulmonary compliance and helps to reverse the underlying physiologic processes causing dyspnea. Prehospital use of CPAP for undifferentiated respiratory distress has been associated with lower intubation and mortality rates, decreased length of hospital stay, and decreased air hunger. Already a favorite of Paramedics, CPAP is now available to AEMTs in the new Vermont Statewide EMS Protocols.

## Vermont EMS for Children Program—Emily Lubell

The *EMS for Children* program aims to ensure that pediatric emergency care is well-integrated into the EMS system in both the pre-hospital and hospital settings. It is through this newsletter I hope to give you a glimpse into the various initiatives that Vermont's *EMS for Children* program is involved with, and how these projects relate directly to your work in Vermont EMS.

A primary goal of the Vermont's *EMS for Children* program is to make pediatric education for Vermont EMS providers more readily available. Vermont *EMS for Children* is sponsoring four Pediatric Education for Prehospital Providers

(PEPP) courses regionally, intended for those who are interested in becoming a PEPP course coordinator.

Each district will receive 20 copies of the 3rd Edition PEPP textbooks and an instructor kit. They will be distributed in the months to come. PEPP course coordinators will be able to host their own PEPP courses utilizing the PEPP materials we are providing to each district.

In order to become a PEPP course coordinator, the American Academy of Pediatrics requires that you hold another national certification (PHTLS,

PALS). If you do not hold a national certification, but feel you are qualified to become a PEPP Course Coordinator please call the American Academy of Pediatrics at (847) 434-4000.

While it has been a long and bumpy road due to textbook edition changes and delayed publication dates, I am pleased to announce that PEPP is finally here! The course will utilize a two-day ALS format but BLS providers may attend. We ask that you attend the course assigned to your district. Please refer to the schedule below for course locations and dates:

Dates	Locations	Preference of EMS Providers from Districts:
January 10,11	University of Vermont	1, 3, 4, 6
January 31, February 1	Castleton State College	7, 10, 12
February 7,8	Lyndon State College	2, 5
February 21, 22	Vermont Technical College	8, 9, 11, 13

Visit [www.peppsite.com](http://www.peppsite.com) to enroll in a course. For more information regarding the courses please contact Pat Malone at [patrick.malone@med.uvm.edu](mailto:patrick.malone@med.uvm.edu), and of course contact me at [emily.lubell@state.vt.us](mailto:emily.lubell@state.vt.us) with any questions comments or concerns you may have.

## National Pediatric Readiness Project—Emily Lubell

This year EMS for Children spearheaded the National Pediatric Readiness Project, which marks the first ever comprehensive representation of pediatric emergency department capabilities nationwide. It is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children. Data is aggregated at both

a state and national level based on hospital demographics. All 14 Vermont hospitals participated in the survey, giving Vermont a clear picture as to where we stand regarding emergency department pediatric capabilities. Nationally, data will be used by organizations such as the American Academy of Pediatrics and other partner organizations to inform guidelines for hospitals. The survey asks a broad range of

questions, including: number of trained pediatric specialists, pediatric protocols and care plans, pediatric specific equipment, and training. Vermont's Median Readiness Score is 71.2 out of 100 with the National Median of Participating Hospitals scoring 69 out of 100.

The following chart shows the average section scores for the major categories of the survey:

Average Section Scores	State Section Scores	National Section Scores
Guidelines for Administration and Coordination (19 pts)	12.9	10.1
Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 pts)	3.6	5.3
Guidelines for QI/PI in the ED (7 pts)	3.1	2.9
Guidelines for Improving Pediatric Patient Safety in the ED (14 pts)	12.8	10.8
Guidelines for Policies, Procedures, and Protocols for the ED (17 pts)	9.1	10.5
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 pts)	30.4	29.4

For more information please visit [www.pediatricreadiness.org](http://www.pediatricreadiness.org)



*"There are no secrets to success. It is the result of preparation, hard work, and learning from failure" -*

*Colin Powell*





*"If you could only sense how important you are to the lives of those you meet; how important you can be to the people you may never even dream of. There is something of yourself that you leave at every meeting with another person" -Fred (Mr.)*

Rogers



## Keeping Yourself Healthy—Tanya Wells

A study featured in the Workplace Health & Safety Journal<sup>1</sup> highlighted the growing concern over psychosocial factors (stress, depression, and other mental health issues) and the link to musculoskeletal injury in patient care workers. This is particularly seen in occupations where workers are directly engaging with the public and have high levels of stress due to factors like lack of adequate staffing, lack of sleep, long hours, and shift work. Psychosocial stressors in combination with physical demands of the job contribute to musculoskeletal disorders constituting about 28% of all nonfatal work related injuries<sup>1</sup>.

By keeping yourself and co-workers in good physical and mental health you can decrease the risk of injury, disability, and missed work. Integrating an employee wellness program with safety and employee assistance

programs can address all aspects of an employees' health and wellness. Example strategies include daily stretching programs, on-site tobacco cessation counseling, fitness programs, access to mental health counseling, and healthy food policies.

Employee wellness programs that address the physical, occupational, and psychosocial needs of employees can significantly reduce the rate of employee injury.

For more information on setting up an integrated employee safety and wellness program at your site check out the following free resources:

### CDC-NIOSH Total Worker Health:

<http://www.cdc.gov/niosh/twh/>

### The Vermont Department of Labor: Project WorkSafe:

<http://labor.vermont.gov/?tabid=87>

### The Vermont Department of Health: Worksite Wellness Resource Guide:

[http://healthvermont.gov/family/fit/documents/WorksiteWellness\\_Resource.pdf](http://healthvermont.gov/family/fit/documents/WorksiteWellness_Resource.pdf)

1. <http://www.healio.com/nursing/journals/aaohn/%7B564221a7-5858-4d19-82fb-b2368baa917e%7D/psychosocial-stress-and-multi-site-musculoskeletal-pain-a-cross-sectional-survey-of-patient-care-workers>
2. [http://centerforwork-health.sph.harvard.edu/sites/default/files/safewell\\_guidelines/SafeWellPracticeGuidelines\\_Complete.pdf](http://centerforwork-health.sph.harvard.edu/sites/default/files/safewell_guidelines/SafeWellPracticeGuidelines_Complete.pdf)

## Naloxone Pilot Program—Mike Leyden

The Vermont Health Department has launched a pilot program to distribute an antidote for opium-based drug overdoses directly to addicts. The drug could potentially save the lives of those who would otherwise have to wait for professional medical care. A generic form of the drug Narcan has arrived at the syringe exchange programs at the HIV/HCV Resource Center in White River Junction and at the Howard Center in Burlington.

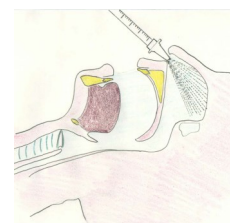
Naloxone, which can reverse the effects of an overdose, will be distributed directly to individuals suffering from opium-based drug addiction, as well as their friends and family.

The statute also created protection from prosecution for bystanders who may witness an overdose but be afraid to call for help. Naloxone is a safe drug that has been used by bystanders effectively in places like Chicago, New York and the state of Massachusetts.

More sites will be entering the pilot during 2014 and the program will be assessed for effectiveness and cost.

In addition to naloxone being available through the pilot program, medical providers may provide a prescription for naloxone to be used for their patient or a family member.

The new 2013 EMS Protocols also include nasal atomizer administration of naloxone by providers at the EMT level.



## Why You Should Consider the Flu Vaccine—CDC

### Influenza Transmission in Health-Care Settings

Healthcare providers (HCP) are exposed to patients with influenza in the workplace and are thus at risk of occupationally acquired influenza and of transmitting influenza to patients and other HCP. In a cross-sectional survey of hospital house staff (physicians in training), 37% reported influenza-like illness during September–April, and 9% reported more than one respiratory illness. Length of illness varied (range: 1–10 days; mean: 7 days), as did days of work missed (range: 0–10 days; mean: 0.7 days). Infected HCP who continue to work while ill might transmit influenza to patients, many of whom are at increased risk for severe outcomes from influenza. HCP are therefore recommended for routine annual influenza vaccination. Influenza can cause outbreaks of severe respiratory illness among hospitalized persons and long-term-care residents. Influenza outbreaks in hospitals and long-term-care facilities have been associated with low vaccination rates among HCP. One nonran-

domized study demonstrated an increase in HCW vaccination rates and decrease in nosocomially acquired, laboratory-confirmed influenza in a hospital after a mobile cart-based HCP vaccination program was introduced. Several randomized controlled studies of the impact of HCP vaccination on morbidity and mortality in long-term care facilities have been performed. These studies have demonstrated substantial decreases in all-cause mortality and influenza-like illness. However, studies which examine and demonstrate efficacy in preventing more specific outcomes (e.g., laboratory-confirmed influenza illness and mortality) are lacking. Recent systematic reviews suggest that vaccination of HCP in settings in which patients also were vaccinated provided significant reductions in deaths among elderly patients from all causes and deaths from pneumonia, but also note that additional randomized controlled trials are warranted, as are examination of more specific outcomes.

Preventing influenza among HCP who might serve as sources of

influenza virus transmission provides additional protection to patients at risk for influenza complications. Vaccination of HCP can specifically benefit patients who cannot receive vaccination (e.g., infants aged <6 months or those with severe allergic reactions to prior influenza vaccination), patients who respond poorly to vaccination (e.g., persons aged ≥85 years and immune-compromised persons), and persons for whom antiviral treatment is not available (e.g., persons with medical contraindications). Although annual vaccination has long been recommended for HCP and is a high priority for reducing morbidity associated with influenza in health-care settings, national survey data have demonstrated that the vaccination coverage level during the 2008–09 season was 52.9%.

#### REFERENCE:

Centers for Disease Control and Prevention. [Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)]. MMWR 2011;60(No. RR-#7):[8-9].



*“A wise man ought  
to realize that health  
is his most valuable  
possession”  
-Hippocrates*

## Your Neighbors need YOU to Respond to Health Disasters!—Mallory Staskus

By joining your local Medical Reserve Corps (MRC) Unit, you can respond in times of public health emergency. EMS providers are an important asset to MRCs because of their medical and ICS knowledge and skills. Currently, seven units across Vermont are strengthening health, preparedness, and resiliency in their communities through immunization clinics, event medical aid stations, health education and responding to community disasters such as pandemic flu and medical surge.

Vermont MRC members have participated in Whooping Cough vaccination clinics, EEE research clinics, and H1N1 immunization clinics. A small monthly commitment ensures each unit is trained and their community is prepared **before disaster strikes**. Each unit organizes in response to the specific threats, health concerns, and community partners in their area and these needs guide specific training and priorities. Learn more at [mrc.vermont.gov](http://mrc.vermont.gov) and email [VERV@state.vt.us](mailto:VERV@state.vt.us) to get

connected to the MRC Unit closest to you. With your help, we will be ready.



Jan & Michelle at the EEE clinics. Photo courtesy of Rutland County MRC

## The Star of Life Crossword Puzzle—Ray Walker

### ACROSS

- |  |                                   |  |
|--|-----------------------------------|--|
| 1) Red, Yellow, Green, Gray or Black?  | 49) Masculine pronoun             | 27) Contusion                            |
| 5) Patient assessment acronym          | 52) Type of military hospital     | 28) Old McDonald had a farm....          |
| 9) Trauma scale                        | 53) Globe                         | 29) Rage                                 |
| 12) Makes the blood go round and round | 55) Liberty Bell st.              | 30) Adverb meaning twice                 |
| 13) Memorable Texas battle site        | 56) Surgeon's workplace           | 32) Flora found on forest floors         |
| 15) In a strange way                   | 58) Procure                       | 34) Medication                           |
| 17) Hawaiian veranda                   | 59) Geography book                | 35) "On _____, on Dancer..."             |
| 18) "To be or ____ to be"              | 62) Penetrating rays of radiation | 36) Gilligan's and Skipper's ____ Minnow |
| 20) ____, Med, or Lg.?                 | 65) South American nation         | 37) Poet ____ Eliot                      |
| 21) American <i>monsieur</i>           | 66) The very best                 | 38) Disease-causing agents               |
| 22) Head injury may cause this (abbr.) | 67) Call 911 for these            | 40) Gaping hole                          |
| 24) Hoosier school                     | 68) Loggers' leftovers            | 42) Illness causing liver inflammation   |
| 25) Prefix for "two"                   | 69) Water-loving mammals          | 46) Roof's edge                          |
| 26) Oxygen mask                        |                                   | 50) Powerful light beam                  |
| 28) "When will we be there?"           |                                   | 51) Reason                               |
| 30) ____ Moines                        |                                   | 54) Inebriation meas.                    |
| 31) 155.340, for one                   |                                   | 55) Grows chalkier                       |
| 33) What you are to an insect          |                                   | 57) Walkie-talkie                        |
| 34) Prescribed amount                  |                                   | 58) 4 qts.                               |
| 35) Cost of being a member             |                                   | 60) Us against ____                      |
| 37) Factual                            |                                   | 61) Uneven gait                          |
| 38) Adam and Eve, Sonny and Cher       |                                   | 63) Track & Field event                  |
| 39) Reduces swelling                   |                                   | 64) Immobilization device                |
| 41) Grinder                            |                                   |  |
| 43) Grp. or Org.                       |                                   |  |
| 44) Canoe propeller                    |                                   |  |
| 45) Great joy                          |                                   |  |
| 47) ____ End                           |                                   |  |

### DOWN

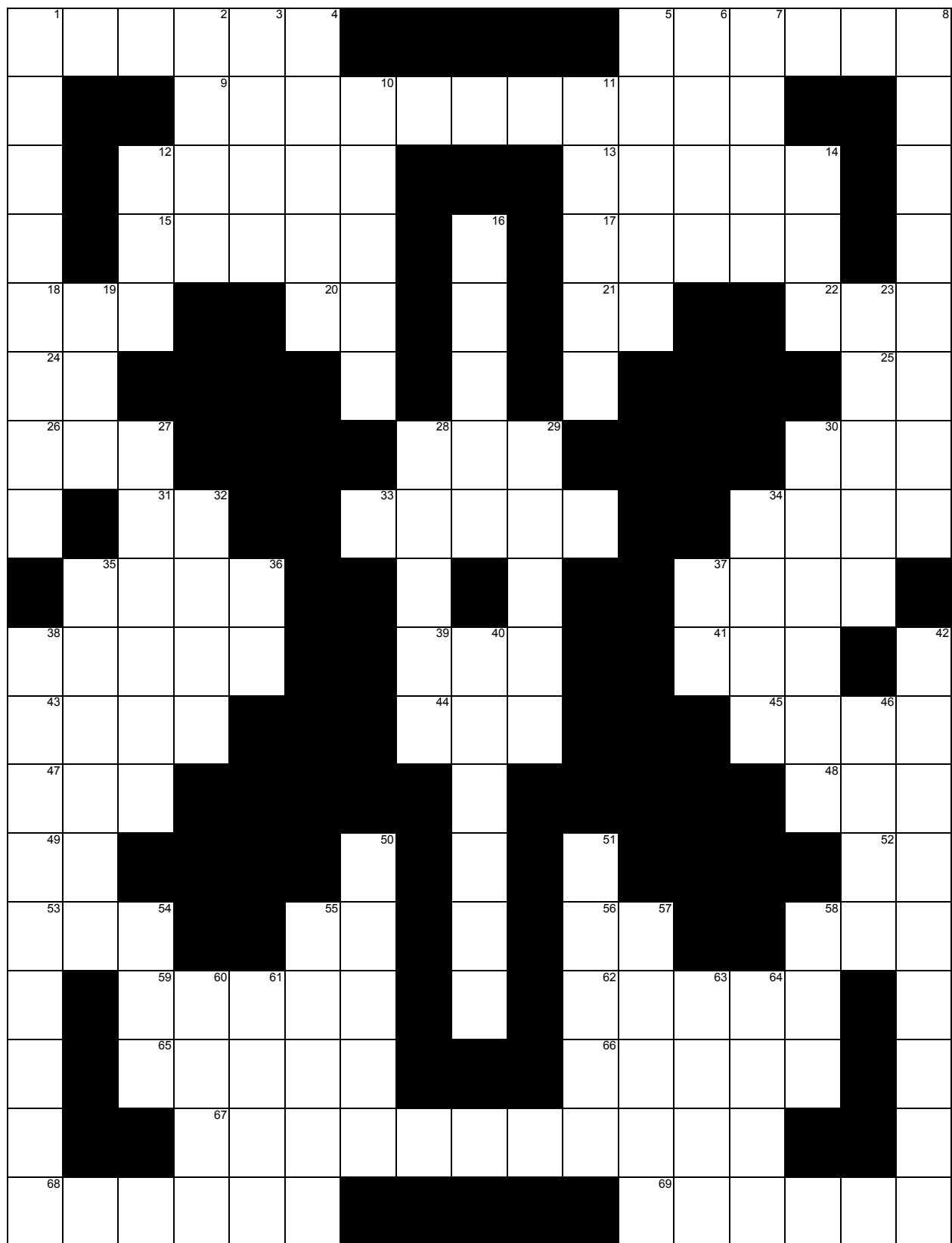
- |  |
|--|
| 1) EMS practice session                |
| 2) Ripe                                |
| 3) Happy                               |
| 4) Members of British aristocracy      |
| 5) Of the sun                          |
| 6) "When _____ Loves a Woman" (2 wds.) |
| 7) This bear's bed was too soft        |
| 8) MCI Drill, for one                  |
| 10) Hinder                             |
| 11) Soothes                            |
| 12) Jumpsuits in summer                |
| 14) Vegetable or motor                 |
| 16) Cardiac interstate                 |
| 19) Belonging to you and me            |
| 23) Very overweight                    |



*"Be the change you  
want to see in the  
World." - Mahatma  
Gandhi*



## The Star of Life Crossword Puzzle—Ray Walker



## IMPORTANT INFORMATION ABOUT RENEWING YOUR VERMONT EMS LICENSE

When is the last time you checked the expiration date on your Vermont EMS license card? Pull it out now and take a look. Specifically, if you reinstated your National Registry certification through the Mark King Initiative in 2011 or 2012, your National Registry and Vermont cards are due for renewal this year.

### Continuing Education Requirements

All Vermont EMS personnel must meet the continuing education requirements of the National Registry of EMTs, even if they don't have a NREMT certification. First Responder-ECA's and EMRs must complete 12 hours of CE; all other levels must complete 72 hours.

### Refresher Courses

Formal refresher courses are not required for Vermont EMS license renewal, but all providers must complete continuing education adhering to the hourly and content requirements of a refresher course.

- FRECA/ EMR: 12 hours
- EMT-I/AEMT: 36 hours\*
- EMT-B/EMT: 24 hours
- Paramedic: 48 hours

\* NOTE: The EMT-I refresher has increased from 16 hours to 36 hours

### Transition Courses

If you completed a transition course during the current license period, you do not need to fulfill the refresher course categories. Instead, write the course number of your transition course on the refresher page of the renewal application. Since the transition course is several hours shorter than a refresher course, you must complete the balance of the refresher course hours with Additional EMS education topics. For instance, an EMT who completed a 16-hour transition course may write "EMT-B to EMT Transition Course - 16 hours" in the refresher course section of the license renewal form and document 56 hours of Additional EMS Education (48 + 8).

### Renewal Applications

To renew your Vermont license, you must submit a Vermont License Renewal Application prior to your Vermont license expiration date. Renewal of your NREMT certification does not automatically renew your Vermont license. There is a separate form with specific instructions for each license level. You can find these forms in the Documents section of our website at [www.vermontems.org](http://www.vermontems.org).

### Signature Requirements

- Your squad's Head of Service must sign your application verifying that you are affiliated with that service. *The Head of Service on record with the Health Department is the only person authorized to sign your application unless our office receives written prior notice that your Head of Service will be unavailable.*
- Your Training Officer must sign your application verifying your satisfactory completion of the continuing education requirements.
- If you are certified at the AEMT, EMT-I or Paramedic level, your District Medical Advisor must also sign the form.

### Role of National Registry Certification

- If you have a current NREMT certification, you must use that to renew your Vermont EMS license. Check the appropriate box on the applicant information page. An NREMT certification covers all of your continuing education requirements at all levels other than AEMT and EMT-I;
- Vermont EMT-I's and AEMT's who hold a current NREMT-Basic certification must maintain their NREMT-B certification AND document 72 hours of AEMT/EMT-Intermediate CE as described on the license renewal application.
- If your VT license lapses before you complete the renewal requirements, you must have a certification from the National Registry of EMTs to apply for reinstatement. See the NREMT website ([www.nremt.org](http://www.nremt.org)) for information on how to get national certification.
- If you let your NREMT certification lapse, you must regain it to renew your Vermont license.

### Extensions

If you anticipate being unable to complete all of the renewal requirements prior to your license expiration date, you may request an extension of up to six months. You must request an extension prior to your license expiration date. If you have questions or concerns, please feel free to call the EMS office.

Chris Bell, Director OPHP/EMS

Jess Freire, State Training Coordinator

Donna Jacob, Administrative Assistant

Brett LaRose, Child Passenger Safety  
Program Administrator

Mike Leyden, Deputy Director EMS

Emily Lubell, EMSC Coordinator

Jenna Protzko, EMS Data Manager

Ray Walker, EMS Programs Administrator

Tanya Wells, Child Passenger Safety  
Program Coordinator

Dr. Dan Wolfson, State Medical Director

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## Frequently Asked Questions:

1. How do I get my log-in for CentreLearn—*Email Donna at [donna.jacob@state.vt.us](mailto:donna.jacob@state.vt.us) with your name and your service affiliation(s).*
2. Where do I find the paperwork I need to renew my license? [www.vermontems.org](http://www.vermontems.org) under the “Document” tab
3. If I have a National Registry card, do I have to obtain a VT license to be an EMS provider in Vermont? **YES!**
4. If I have a National Registry card, do I have to maintain it to keep my VT license? **YES!**
5. Are Transition Courses and Protocol Education the same thing? **No! Protocol education needs to be completed by March 31, 2014 while transition courses are based on when your license expires.**
6. We used to refer to ourselves and service as certified, but now how should we refer to ourselves? **Licensed providers and licensed services!**
7. What should I do if I forgot my SIREN password?
  1. Click the “Click here if you forgot your password” link on the login page. You will be prompted to enter your email address where the password will be sent, your username and last name. This email address must match the one listed in your SIREN account. Please keep your SIREN account information up to date!
  2. If your account information is not up to date, please contact your SIREN Service Administrator to reset your password.

## VT EMS Calendar of Upcoming Events:

- District Chairperson & District Training Coordinators Call: Third Wednesday every other month starting January 15th at 4:30pm
- EMS Advisory Committee: February 19th at 1-3pm, 877-272-4202 (Conference Room: 3128070)
- Firefighter Rehab Workgroup: next meeting to be determined
- IFT Workgroup: next meeting to be determined
- Instructor Coordinator & Training Officer Call: January 6th, February 3rd & March 3rd at 4pm—email Jess for information
- Leadership Call: 1st Thursday of every month at 11am, 877-668-4493 (Access Code: 734 141 663)
- PEPP: See page 3 for details

*All initial, transition, and refresher courses approved by the state are located here: [www.vermontems.org](http://www.vermontems.org) under the “Class Schedule” tab*

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